

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032043

Entity Name: JALTED, LLC**Current Principal Place of Business:**2277 MAIN STREET
FORT MYERS, FL 33901**Current Mailing Address:**2277 MAIN STREET
FORT MYERS, FL 33901**FEI Number:** 04-3776142**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MADDEN, JOSEPH MJR.
2277 MAIN STREET
FORT MYERS, FL 33901 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MADDEN, JOSEPH MJR.
Address 2277 MAIN STREET
City-State-Zip: FORT MYERS FL 33901

Title MGRM
Name MADDEN, LISA
Address 1131 VESPER DR.
City-State-Zip: FORT MYERS FL 33901

Title MGRM
Name CROSBIE, THOMAS
Address 513 PECK STREET
City-State-Zip: FORT MYERS FL 33912

Title MGRM
Name CROSBIE, ALBANIA G
Address 513 PECK STREET
City-State-Zip: FORT MYERS FL 33912

Title MGRM
Name HENDRIX, EDGAR
Address 4701 LONE PINE COURT
City-State-Zip: FORT MYERS FL 33905

Title MGRM
Name HENDRIX, DONNA
Address 4701 LONE PINE COURT
City-State-Zip: FORT MYERS FL 33905

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH M MADDEN JR

MGR

01/23/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date